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29683 HARRINGTO 4 RESEARCH I SHELTON, CT	N & SMITH DRIVE, Suite 202	OCT 182	I he Stat addit	Certificate	e of Mailing or Trans s) Transmittal is bein ficient postage for fir ISSUE FEE address	g deposited with the United st class mail in an envelope above, or being facsimile	
		TRADEM		GGII CO	Conwe	(Depositor's name) (Signature) (Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/581,301 06/01/2006 Benedicte Isnardon 089A.0008.UI (US) 3668 TITLE OF INVENTION: SYSTEM AND METHOD FOR PROCESSING A REQUEST FOR PRICE INFORMATION: 1510.00 DA 01 FC:1501 1510.00 DA 02 FC:1504 300.00 DA							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	10/25/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS	]			
EPSTEIN, BRIAN M 3628			705-005000	•			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Unl	less an assignee is ident h in 37 CFR 3.11. Com	ified below, no assignee	l'a substitute for filing an	atent. If an assignee is ic		locument has been filed for	
Amadeus,	S.A.S.		Biot, Franc	e			
Please check the appropr	iate assignee category or	categories (will not be pr	inted on the patent):	Individual 🖾 Corporati	on or other private gro	oup entity Government	
4a. The following fee(s)	are submitted:	41	<ul> <li>D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>☐ A check is enclosed.</li> <li>☐ Payment by credit card. Form PTO-2038 is attached.</li> <li>☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50÷1924 (enclose an extra copy of this form).</li> </ul>				
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Authorized Signature  Typed or printed nam	+ /2	ntes Patent and Trademark	Office.	Date 08 Registration No. 3	2010		
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